

MEETING SUMMARY

MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE

February 7, 2007

Members Present:

Michael Dean	Eleanor Ward	Becky Ehlers	Stacy Braiuca
Cheryl Gardine	John Harper	Sandy Hentges	Steve Doherty
Robin Hammond	Diana Harris	Clif Johnson	Marilyn Gibson
Charles Megerman	Sylvia Persky	Kim Dude	Daniel Clark

Members Absent:

Ben Bruening
Keith Spare
Jack Tucker

Regional Advisory Council Chairpersons (or Designees) Present:

Diana Harris
Michael Carter
Becky Markt
Tony Pickrell

Division/Department Staff:

Keith Schafer	Mark Stringer	Benton Goon	Debbie McBaine
Angie Stuckenschneider	Amanda Baker	Joellyn Becker	Dirk Cable
Teresa Robbins	Scott Breedlove	Terry Morris	Chuck Daugherty
Bianca Arrington-Madison	Christina Oliver	Chris Knigge	
Joe Davidson	Rita McElhaney	Mary Henry	

Guests:

Christine Owens	Gerrit DenHartog	Jamie Scott
Connie Berhorst	Alicia Ozenberger	James Newsom

AGENDA	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	<p>Robin Hammond, Co-chair called the meeting to order and introductions were made; minutes were reviewed. John Harper motioned to approve minutes as written; Sylvia Persky seconded the motion, which passed. Robin Hammond noted that a letter of thanks would be sent to Sheriff White thanking him for his service to the SAC. A Thank You card was also passed to SAC members to write a personal note to Sheriff White. Robin Hammond advised the SAC that SAC Chair Rhonda Wilkes and Lisa Scott-Joiner member from the Eastern Region had officially resigned from the SAC.</p>	
Regional Advisory Council Reports:	<p>Robin Hammond requested SAC approval of the proposed reporting format for RAC reports. Charles Megerman moved for adoption of new RAC reporting format, Kim Dude seconded the motion; it was approved.</p> <p>NWRAC- The Northwest Region is in a period of reorganization. They have lost several members and are trying to revitalize their group. Their upcoming meeting will be held next week and they will discuss "Advocacy- What's Good/What's Not Good".</p> <p>ERAC- The Eastern RAC requests more information about the Public Inebriate Program and Access To Recovery ATR services. They have recruited 2 new consumers and have 2 additional consumer applications pending. These additions are a direct result of the recruiting meeting held before Christmas. Tentative future speakers include Dr. Ohms from Centreponte Program and a representative from the Driver's Seat Program. They are planning their Summer Rally.</p> <p>CRAC- The Central RAC is working to find ways to increase communication and training opportunities for</p>	<p>The RAC reports will now be submitted electronically in the new format to encourage consistent review and prompt action by the SAC. RAC reports submitted by the 15th of the month preceding the next SAC meeting shall be reviewed by the Executive Committee and included on the next SAC agenda as time permits.</p>

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	<p>prevention coalitions. They have assigned research tasks to individual council members to identify rural coalition needs and to gather information about current community resources and reviewing their past attempts to reach their target audience. They are also working to enhance advocacy to encourage support for the proposed alcohol excise tax, the alcohol vaporizer legislation and to address budget issues.</p> <p>SWRAC: By-laws have now been changed for all RACs to permit a vendor member to serve as co-chair. SWRAC is actively recruiting, and have added two prospective members. Their next meeting is scheduled for February 27th and Community Partnership of the Ozarks will present “The ABC’s of 2nd Hand Smoke”.</p> <p>SERAC: The Southeast RAC met January 10th. Tony Pickrell is their new chairperson. They divided into prevention and treatment workgroups and discussed identification of their regional needs. The identified their need to work on sustainability of funding. They would like for ADA data to be more accessible. They would like to see prevention success receive better publicity. Programs such as merchant education, SPIRIT and other programs could receive more publicity. There was a recommendation that a synopsis of successful ADA Missouri Prevention Assistance grants might be displayed and that grant writing techniques of successful applicants be shared.</p>	
Committee Workgroup Reports:	<p>Treatment: The Treatment Workgroup was chaired by Clif Johnson. The Workgroup would like each RAC to identify what Access to Recovery (ATR) services they can identify as the most valuable in meeting their regional needs. Terry Morris, ADA Clinical Services Director, can provide data that identifies what</p>	<p>Mr. Morris will provide the RACS with regional ATR service indicators to permit them to assist with the determination of what Access to Recovery (ATR) services are most valued and utilized in their regions.</p>

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	<p>recovery support services are utilized by each region. This should provide a base for determination of regional service delivery trends and community needs. Mr. Morris was also asked to explore how residential treatment facilities may provide for the use of methadone. Storage of controlled substances in a treatment facility will require DEA approval. Some residential treatment facilities do not allow their clients to have methadone, a controlled substance, on the premises. This is a DEA issue and may not have an easy or clear solution. The workgroup would like clarification of the rules regarding this. Additionally they would like a clarification of the Division's view of the Oxford House program.</p> <p>Clif Johnson will provide Treatment Committee meeting minutes. will then share them with the RAC chairs.</p> <p>Prevention: The Prevention Workgroup was chaired by Kim Dude. The group agreed that the State should make prevention a higher priority. They were shocked to find that there is only 5-10% of the total ADA budget allocated for prevention, and that all of that is federal money. They are frustrated with the strong emphasis on evidence-based programs which seems to exclude local development of effective prevention programs. Since all communities may not have access to help with data gathering and evaluation they would like to encourage more effective sharing of methods, resources, and data.</p>	<p>Mr. Morris will review policy guidelines to identify how residential treatment facilities might successfully access methadone for their residential clients.</p> <p>Upon receipt Teresa Robbins will email the Treatment Committee meeting minutes to the Regional Prevention staff and to the RAC Chairs.</p>
RAC Chair Report:	Diana Harris, RAC Chair presented this report and she noted that the RAC by-laws have now been changed to allow a co-chair to be a vendor member. The RAC Chairs request that all RAC reports be shared with the other regions. This will encourage sharing of	

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	<p>ideas and consistency and support to the efforts of each region. Teresa Robbins advised that every RAC report received electronically would be emailed to all regions as requested and to the SAC Executive Committee.</p>	<p>Teresa Robbins will forward all RAC reports to the other regions to encourage this sharing process.</p>
<p>Department of Mental Health Report:</p>	<p>Dr. Keith Schafer, DMH Director; addressed the SAC to provide a brief update. Dr. Schafer noted that budget changes were inevitable, with most funding tied directly or indirectly to areas of consumer safety. There are federal and general revenue dollars in the Governor's Technology budget to address the issue of better risk prediction. The focus will be on identifying consumers at risk for bad outcomes. This will assist DMH to develop a closer relationship with Medicaid and to assure that individuals with greater need can access the service system with Medicaid match. Dr. Schafer feels that all three divisions need to improve their capacity to articulate and justify their budgetary needs. The Transformation Grant will help the Department as a whole to embrace client focused service delivery.</p> <p>ADA is perceived to be the strongest, most stable division and currently is the best at reporting outcomes.</p> <p>The proposed health care revisions to the Medicaid system will offer local level medical and behavioral care coordination. We will encourage a specialized care coordination approach for the higher risk populations. At the local level someone must be accountable for coordinating of care to address social, medical and behavioral services for the clients who are determined to be most at risk.</p> <p>The Transformation Grant will not define innovation in the Department of Mental Health, but it can help</p>	

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	<p>provide support for our service priorities. We will be responsible for defining DMH areas of innovation. While Dr. Schafer isn't necessarily a proponent of pay for performance, we may have to find different approaches to contracting. He does note that we have to convince the legislature that we can't starve organizations and then be angry that they aren't doing a good job.</p>	
<p>ADA Division Report:</p>	<p>Robin Hammond introduced new Division Director, Mark Stringer. He expressed appreciation of SAC members, and noted that he is happy to be back in ADA. He envisions interesting times ahead, and intends to use the SAC in a different way. There are tough issues ahead of ADA, both in the immediate future and in the next 3-5 years. The budget will always be a pressing issue. New decision items for the budget were submitted this year due to the improved State's financial climate. There has also been more emphasis placed on mental health service due to the priorities of recent safety issues experienced by DMH.</p> <p>Mark would like for SAC to help define priorities for new decisions. Treatment on demand is a priority. The conservative estimate is that 80% of persons seeking treatment will change their minds if they are not able to access treatment within 48 hours. ADA has been communicating this to the General Assembly.</p> <p>ADA would also like to have coordinated treatment for co-occurring disorders to include physician care and the costs of indicated medication. Locating funding for this is imperative. Many of our clients have additional disorders that create significant barriers to</p>	

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	<p>recovery that, if left untreated, will result in recurrent and ineffective treatment episodes.</p> <p>Medicaid reform and the transformation to Missouri Health Net is another critical issue before the General Assembly. Mental Health will be affected by this system change. There are some implications for DMH and Mark will plan to ask Pam Leyhe or Dr. Joe Parks to come in and give a presentation on Medicaid reform. ADA is ready to make these changes since we are already accustomed to dealing with evidence-based prevention practices. The concept of the “health care home”, under MO Health Net, would permit coordination of health care with mental health care service delivery. Most treatment is episodic but continuity of care can be addresses with this health system model. Opioid treatment programs are designed to keep clients engaged for a period of time and should work well with the new system of care.</p> <p>All of our programs have chronic relapsers for whom we may need to take more of a disease management approach, perhaps looking at longer terms of treatment, such as a period of several years rather than a month or two. Mark would like to engage the SAC in these kinds of discussions to contribute to development of policies and to assist with deciding Division budgetary priorities.</p> <p>Mark would like to modify the role of the RACS to assist with the establishment of more localized and regional control instead of central control. This will also create a different role for District Administrators.</p> <p>Mark will take more time at the next SAC meeting to talk about some of the more pressing priorities for the</p>	<p>Mark to consider asking Pam Leyhe or Dr. Joe Parks to address the SAC about revisions to the Medicaid system which will affect ADA service delivery.</p>

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	<p>immediate future. We are bound by statute to have a comprehensive plan for providing prevention and treatment. Previously we counted on the Block Grant application to satisfy that requirement. The Division's new goal will be to have a plan that is more accessible, that can be posted on the website, and that will address short and long-term goals.</p> <p>Mark advised that these changes will be occurring at a rapid pace and it may become necessary to communicate with the SAC or representatives of the SAC between scheduled meetings. He foresees using conference calls both with the SAC in its entirety and with the SAC Executive Committee to keep things moving. We will need to be cognizant of posting meetings if we are convening a quorum and calling for a vote. It's important to Mark that SAC members feel that their time is well spent and productive.</p> <p>Mark advised that our Federal Block Grant Project Officer, Carol Cooley plans to attend the Spring Training Institute May 16-18, 2007 to meet with Mr. Stringer. He would like for the SAC to consider attending a meeting with her to have a discussion about funding structure and to discuss funding possibilities. Possibilities of meeting with her, either SAC as a whole or the Executive Committee, will be explored.</p> <p>Mark Stringer fielded a question from Gerrit DenHartog about sharing legislative information as it becomes available during the Session. Electronic versions of updates may be emailed to all SAC members as they become available</p>	<p>The SAC will be asked to consider holding a SAC meeting with Carol Cooley at Spring Training Institute in May. Teresa Robbins will request SAC input regarding this via email survey to identify interest.</p> <p>Teresa Robbins will forward legislative updates as they are available in electronic version to all SAC members.</p>

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	<p>New ADA budget items included additional dollars for expansion, cost of living adjustments for providers, and money to sustain gains made with the Access to Recovery (ATR) grant. ADA received funding to help defray CIMOR implementation costs. We will need less funding to sustain the ATR changes since we will have carry-over dollars made available for approximately half of the current fiscal year. Mark also noted that we appreciate any advocacy actions undertaken by providers.</p> <p>A selling point for ADA is that the House of Representatives is looking at performance-based budgeting this year. ADA made compelling arguments for funding treatment and prevention based on available outcome measures. During his presentation to the House of Representatives, Mark was able to correct misconceptions about treatment and prevention initiatives. We have lots of positive figures available in the areas of employment gains, pregnant women who delivered healthy babies and reductions in crime. The legislators received a positive perspective of ADA services with the presentation of such positive treatment and prevention outcomes.</p> <p>Mark advised that ADA is well positioned to propose additional prevention funding as it relates to the new prevention initiative associated with the MO HealthNet. To encourage funding support for prevention, Mark will send out statistics which can be used for grants and shared with legislators. While it is difficult to engage legislators in a discussion of prevention, evidence of how substance abuse affects all facets of life makes the information more relevant. Evidence based practice in prevention helps to</p>	<p>Teresa Robbins will email available ADA outcomes to SAC and RAC members as directed.</p>

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	<p>communicate the impact prevention can have. Mark noted that there have been problems with the Consumer Information Management and Outcomes Reporting System, (CIMOR). Some providers have done very well with it, while others have had difficulty billing and receiving reimbursement. There are some problems with the information systems that translate to billing problems for our providers. The Division has reimbursed providers with external payments to make sure that all providers get paid, but as the fiscal year winds down it will become more important to get the system functioning well. There are a lot of business rules that will eventually ensure that we get excellent data. However, we are going to suspend some of those for the period of October 1 to March 31, 2007 to enable providers to get billing entered for this period of time. We are also going to provide some on-site technical training for providers who are experiencing problems with the new system. We will be in constant communication with providers to see how this is working out. It was noted that the staff manning the Help Desk for CIMOR has been very gracious and helpful.</p>	
Transformation Grant:	<p>Benton Goon, Co-Chair of the Mental Health Transformation Grant provided the SAC with a brief presentation to introduce the Transformation Initiative. The state was awarded 14.2 million dollars for this 5 year project. ADA will have representation on several subcommittees identified with the transformation grant. The SAC was asked to participate with this initiative by appointing a SAC representative to participate with one of the workgroups. They would prefer a consumer who can provide a personal perspective about ADA service delivery.</p>	<p>Teresa Robbins will refer the SAC appointed member to serve in this capacity.</p>

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	<p>The Transformation Initiative was designed to correct a fragmented mental health system. The grant requires the involvement of the Governor. Missouri must implement this process with collaboration among agencies and with active consumer involvement.</p> <p>Recovery and resilience are the guiding principles in the Transformation process. The main goal of the initiative will be to identify the infrastructure necessary to improve mental health services. Workgroups consisting of consumers, family members and agency representatives will play a large part in formulating this system change. Incorporation of health and mental health needs of consumers will be an integral component of this initiative.</p> <p>The Transformation Initiative will also provide the ADA, CPS and MRDD advisory bodies with the opportunity for direct involvement. As this process develops the draft products will be directed to the SAC for review and comment.</p>	
Old Business/New Business:	<p>Since Rhonda Wilkes, SAC Chair has resigned the order of business to nominate and vote for a new SAC Chair was introduced by Robin Hammond. After a brief discussion Kim Dude nominated Robin Hammond for the office of SAC chairperson; Diana Harris seconded the motion. The vote was unanimous confirming Robin Hammond as SAC Chair. Nominees for co-chairperson were Becky Ehlers, who declined the nomination, Clif Johnson and Daniel Clark. A paper ballot vote resulted in the election of Daniel Clark as the new SAC Co-Chair.</p> <p>In other business, Andy Homer from MIMH has requested a consumer member of SAC serve on the</p>	<p>A vote was held for Chairperson and Co- chair, with Robin Hammond and Daniel Clark being respectively elected to those positions.</p> <p>A consumer member will be identified and referred to the COSIG Steering Committee.</p>

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	<p>CO-SIG Steering Committee. The COSIG grant will address issues relating to effective treatment of persons with co-occurring disorders. The committee will meet once or twice a month in Jefferson City or in Columbia during the next few months. While Andy Homer plans a presentation for our April SAC meeting he would like to have the SAC volunteer in place prior to that time. It was noted that the SAC will continue to serve as an advisory body for COSIG. Mr. Homer will address this function during his presentation at the April 4th SAC.</p>	
Miscellaneous Business:	<p><u>Certification Board Update</u> MSACCB report was given by Stephen Doherty. The QSAP rule that redefines the Qualified Substance Abuse Professional passed in the legislature with effective date of April 30th. ADA has set the compliance deadline for June 30, 2007. Applications for that credential are currently being received. The Substance Abuse Supervision training is currently being provided to prepare Qualified Substance Abuse Counselors to supervise other counselors who are working on their counselor certification process. This will allow QSAPS and licensed personnel to provide supervision. This is provided over a three days.</p> <p>The Certification Board is working on official areas of practice for each of the credentials offered. Guidelines will identify what work duties are recommended for each type of credential. The Certification Board will be accepting credit card payment for applications and processing.</p> <p><u>MRN Update</u> Gerrit DenHartog referenced the Missouri Recovery</p>	

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	<p>Network's Capitol Report #13 which can be found online at www.morecovery.org. It covers the bills being introduced that are of interest to DMH and ADA. ACT MO has sent out a call for advocates. MO HealthNet is the first and foremost item pending in the Legislature. Missouri Recovery Network will be sponsoring a Recovery Rally March 28th in Jefferson City.</p> <p><u>Recruitment and Membership:</u> The Eastern and Southeast Regions each have three SAC openings and the Southwest has one. Please contact Teresa if you need SAC/RAC applications. SAC attendance has been very consistent and this is appreciated.</p> <p><u>Upcoming Events:</u> March 28th is the Recovery Rally in Jefferson City, April 18th is the 18th Annual Mental Health Awareness Day. Spring Training Institute will be held May 16-18th at Tan-tar-a. Registration information will be sent out shortly. March 1-3 The "Meeting of the Minds" annual prevention conference for campus-based prevention programs to reduce binge and underage drinking . Kim Dude noted they are hosting their annual conference. This has turned into a regional event since they have participants from several states in addition to Missouri and all are welcome.</p> <p><u>SPF SIG Update:</u> Strategic plans are due in 30 days. Chris Owens will issue an update soon. The funded coalitions are making progress in completion of their community</p>	

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	plans. Technical assistance visits have been provided to 17 of the 18 funded sites.	
Adjournment:	The next ADA SAC will be held April 4 th , 2007. A motion to adjourn was made by Stephen Doherty and seconded by Cheryl Gardine. Motion carried and meeting adjourned at 2:35 pm.	